

F10000000289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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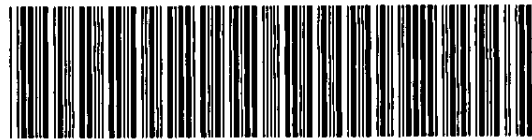
(Business Entity Name)

(Document Number)

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TO REQUESTOR
SUFFICIENCY OF FILING

2013 MAR 28 PM 4:54

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

13 MAR 28 PM 4:58

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

R.A.

MAR 29 2013

T. BROWN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 588073 7848659

AUTHORIZATION :

COST LIMIT : \$ 35.00



ORDER DATE : March 28, 2013

ORDER TIME : 2:26 PM

ORDER NO. : 588073-010

CUSTOMER NO: 7848659

CHANGE OF AGENT

NAME: PROFESSIONAL PROJECT SERVICES,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Project Services, Inc.

Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon Yuhas

Name of Contact Person

Professional Project Services, Inc.

Firm/Company

133 Forlines Rd

Address

Winterville, North Carolina 28590

City/State and Zip Code

jon.yuhas@robertscompany.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Yuhas

252 355-9353

Name of Contact Person

at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Professional Project Services, Inc.
2. The principal office address: 133 Forlines Rd
Winterville, North Carolina 28590
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 19 January 2010 Document number: F10000000289

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

United Corporate Services, Inc.

9200 S. Dadeland Boulevard, Suite 508

Miami, Florida 33156

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jon Yuhas
Signature of an officer or director

Jon Yuhas, Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: [Signature]
Signature of Registered Agent

3-28-13
Date

If signing on behalf of an entity:

Sue G. Knight

Assistant Vice President

Typed or Printed Name

*** * * FILING FEE: \$35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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